

**DATE** : July 30, 2001

**LETTER TO:** All Managed Care Organizations

**SUBJECT** : Implementation of the BBA Beneficiary Elections Provisions – Revised Transaction Reply and Monthly Membership Reports—  
INFORMATION

**This letter focuses on the processing of M+CO transactions, but demonstration and cost plans will be receiving the same formats of the reports. All MCOs must be prepared to accept the new formats as described in this document.**

The purpose of this letter is to provide you with the revised

- Transaction reply codes,
- Transaction Reply Report format and
- Monthly Membership Report format.

These changes are being made to allow the reporting to you of the results of processing beneficiary elections. These changes will be effective as follows.

- Transaction reply codes – June 2002
- Transaction Reply Report (TRR) – June 2002
- Monthly Membership Report (MMR) – January 2002\*

\*The January 2002 version of the MMR will contain spaces for the new fields but, with the exception of the Congestive Heart Failure (CHF) indicators, no data will be provided until June 2002. (See the section on the start-up strategy for an exception to these timeframes.)

This letter also describes the start-up strategy which will result in all members being associated with a Plan Benefit Package (PBP) effective May 2002.

Please refer to the April 27, 2001 letter from Gary Bailey to the plans (Systems Implementation of the BBA Beneficiary Election Provisions). It contains information on the revised enrollment/disenrollment transaction and on the BBA election limit rules. It can be found at the following web site:

[WWW.HCFA.GOV/MEDICARE/SYSTINFO.HTM](http://WWW.HCFA.GOV/MEDICARE/SYSTINFO.HTM).

### Transaction Reply Codes

The transaction reply codes are being expanded from 2 to 3 digits. Codes lower than 100 will be preceded by a leading zero; e.g., code 10 will be reported as code 010.

In addition, eight new codes will be added.

#### **Code 100 – Election change accepted as submitted.**

This code reports that CMS has accepted a PBP change transaction (type = 71) as submitted by the Medicare+Choice organization (M+CO). This code only applies to transaction type 71.

#### **Code 101 – Rejected; invalid institutional flag.**

This code reports that a transaction was rejected because the institutional flag field contained an invalid value. Valid values are Y (for institutional) or spaces (not institutional). The flag must be set to Y by a M+CO to report that a beneficiary is institutionalized at the time of the election. Institutionalized beneficiaries can make an election at any time; i.e., the BBA election limits do not apply. This value, if appropriate, is required on transaction types 71/61/60/51.

NOTE: M+COs must continue to submit transaction type 01 (correction transaction) for these types of members in order to receive the institutional payment rate.

#### **Code 102 – Rejected; invalid or missing application signature date.**

This code reports that a transaction was rejected because the signature date was missing or contained an invalid value. Application signature dates are needed to allow the system to process transactions received for the same beneficiary with the same effective dates but for different M+COs. The transaction with the most recent date will be accepted. If the dates are the same, all of the transactions will be rejected. The application signature date is required on transaction types 71/61/60.

#### **Code 103 – Reserved for future use.**

#### **Code 104 – Rejected; invalid/missing election type.**

This code reports that a transaction was rejected because the election type was missing or contained an invalid value. M+COs must report the type of the election in order for the system to process the transaction in compliance with the BBA election rules. Valid values are:

- **A** - AEP – annual election period
- **I** - ICEP – initial coverage election period
- **N** – OEPNEW – open enrollment period for new Medicare beneficiaries
- **S** – SEP – special election period
- **O** – OEP – open enrollment period

The election type is required on transaction types 71/61/60/51. Note that I (ICEP) is not a valid value for transaction types 71 and 51.

**Code 105 – Rejected; invalid effective date for election type.**

This code reports that a transaction was rejected because the effective date was invalid for the election type. This applies only to election types A (AEP) and I (ICEP).

- A – AEP – effective date = January 1
- I – ICEP – effective date = date of Medicare Part A/B eligibility

The election type is required on transaction types 71/61/60/51. Note that I (ICEP) is not a valid value for transaction types 71 and 51.

**Code 106 – Rejected; another transaction received with a later application receipt date.**

This code reports that a transaction was rejected because another transaction was processed for the same beneficiary with a more recent application signature date. When more than one election is received for a beneficiary with the same effective dates but for different M+COs, the transaction with the most recent date is accepted. The application signature date is required on transaction types 71/61/60.

**Code 107 – Rejected; invalid or missing PBP #.**

This code reports that a transaction was rejected because the PBP # was missing or contained an invalid value. M+COs must report the PBP # that the member is electing. It must be a valid number for that M+CO based on the identifier assigned in CMS's Health Plan Management System (HPMS). The PBP # is a required field on transaction types 71/61/60/51.

**Code 108 – Rejected; election limits exceeded.**

This code reports that a transaction was rejected because the BBA election limits were exceeded. The limits are:

- One election will be accepted between January and June 2002 (January and March 2003 and ongoing) and/or
- One election will be accepted during the first six months of Medicare eligibility that occur in 2002 (first 3 months of Medicare eligibility in 2003 and ongoing) for new beneficiaries.

These election limits apply only to election types of O (OEP) and N (OEPNEW). The election type is required on transaction types 71/61/60/51.

**Code 109 – Reserved for future use.**

### Transaction Reply Report (TRR)

The following changes will be made to the report and data formats. See the attached versions.

#### **Report Format**

- Add PBP # and Election Type.
- No current fields will be removed.

#### **Data Format**

- Add PBP #, Election Type and Prior PBP #.
- Remove no current fields.

### Monthly Membership Report (MMR)

The following changes will be made to the report and data formats. See the attached versions.

#### **Report Format**

- Add CHF2, CHF3 and PBP #.
- No current fields will be removed.

#### **Data Format**

- Add CHF2, CHF3, PBP # and Race Code.
- Remove no current fields.

The PBP # will be displayed on both the payments and adjustments. The CHF indicators will be included on the payments. The out of area indicator will apply to the PBP level.

### Start-up Strategy

As stated previously, all M+CO members must be associated with a PBP in the enrollment and payment system. In an attempt to limit the submittal and processing of 6 million transactions, CMS will assign all of an M+CO's members to one PBP # offered by that M+CO. The PBP # will be selected based on the highest projected enrollment. Other criteria that may be applied are presence of a drug benefit or absence of a premium.

The selected PBP# for each of an M+CO's members will be identified on the June 2002 MMR. M+COs will then submit transactions only for those members that have elected

other PBPs. M+COs will have **from June 1, 2002 until the systems cutoff date in July 2002** to submit these “corrections” for their current members.

As M+COs will be submitting these corrections during the same timeframe that they are enrolling/disenrolling members, follow the instructions below to avoid rejections.

- To **correct** the PBP # for your current members (based on the information provided on the June 2002 MMR), submit transaction type 71, with Election Type = X.
- To **change** the PBP # for current members (as a separate election; not based on the information provided on the June 2002 MMR), submit transaction type 71 with the appropriate Election Type.
- To **enroll** new members, submit transaction type 61 or 60 with the appropriate Election Type and PBP #.
- To **disenroll** members, submit transaction type 51 with the appropriate Election Type. Use the PBP # shown for the member on the most recent MMR.

#### Contacts

If you have any questions, please contact the individual assigned to the region where your MCO is located.

|                |  |
|----------------|--|
| Boston:        | Jacqueline Buise at 410-786-7607                         |
| New York:      | Juan Lopez at 410-786-7621                               |
| Philadelphia:  | James Dorsey at 410-786-1143                             |
| Atlanta:       | Brenda Hicks at 410-786-1159                             |
| Chicago:       | Janice Bailey at 410-786-7603                            |
| Dallas:        | Joanne Weller at 410-786-5111                            |
| Kansas City:   | Gloria Webster at 410-786-7655                           |
| Denver:        | David Evans at 410-786-0412                              |
| San Francisco: | Lori Jones at 410-786-6357                               |
| Seattle:       | David Evans at 410-786-0412 or Ed Howard at 410-786-6368 |

Gary A. Bailey  
Director  
Health Plan Benefits Group, CBC

Enclosures

| 2002 Transaction Reply Data File Record Layout   |                                |     |       |  |
|--|--------------------------------|-----|-------|--|
| “*” before Field # denotes new or changed field (or description) from previous version |                                |     |       |  |
| #  | Field Name                     | Len | Pos   | Description  |
| 1  | Claim Number                   | 12  | 1-12  | Claim Number as Entered<br>External Format   |
| 2  | Surname                        | 12  | 13-24 | Surname  |
| 3  | First Name                     | 7   | 25-31 | First Name   |
| 4  | Initial                        | 1   | 32-32 | Initial  |
| 5  | Sex                            | 1   | 33-33 | 1 = Male<br>2 = Female<br>0 = Unknown  |
| 6  | Birth Date                     | 8   | 34-41 | FORMAT YYYYMMDD  |
| 7  | Medicaid Indicator             | 1   | 42-42 | 1 = Medicaid Status<br>0 = Not Medicaid Status   |
| 8  | Contract Number                | 5   | 43-47 | Contract Number  |
| 9  | State Code                     | 2   | 48-49 | State Code   |
| 10   | County Code                    | 3   | 50-52 | County Code  |
| 11   | Disabled Indicator             | 1   | 53-53 | 1 = Disabled<br>0 = Not Disabled   |
| 12   | Hospice Indicator              | 1   | 54-54 | 1 = Hospice Status<br>0 = Not Hospice Status   |
| 13   | Institutional/NHC<br>Indicator | 1   | 55-55 | 1 = Institutional Status<br>2 = NHC Status<br>0 = Not Institutional/NHC Status   |
| 14   | ESRD Indicator                 | 1   | 56-56 | 1 = ESRD Status<br>0 = Not ESRD Status   |
| 15   | Transaction Reply<br>Code      | 3   | 57-59 | FORMAT 999   |
| 16   | Transaction Type Code          | 2   | 60-61 | FORMAT 99  |
| 17   | Entitlement Type Code          | 1   | 62-62 | See Note 1   |
| *18  | Effective Date                 | 8   | 63-70 | IF TRANSACTION REPLY ONE OF:<br>011,012,016,017,021-<br>023,038,052,080,082-084,100<br>THEN contains Transaction Effective Date<br>FORMAT YYYYMMDD |
| 19   | Working Aged<br>Indicator      | 1   | 71-71 | 1 = Working Aged Status<br>0 = Not Working Aged Status   |
| *20  | Plan Benefit Package<br>Id     | 3   | 72-74 | FORMAT 999   |

## 2002 Transaction Reply Data File Record Layout

“\*” before Field # denotes new or changed field (or description) from previous version

| #             | Field Name                           | Len       | Pos          | Description  |
|---------------|--------------------------------------|-----------|--------------|--|
| *21           | Election Type                        | 1         | 75-75        | Election Type  |
| 22            | Transaction Date                     | 8         | 76-83        | FORMAT YYYYMMDD  |
| 23            | FILLER                               | 1         | 84-84        | SPACES   |
|               | <b>DATA GROUP<br/>FIELDS 24 - 25</b> | <b>12</b> | <b>85-96</b> | <b>IF TRANSACTION REPLY = 022,<br/>025 or 086<br/>THEN contains Claim Number</b>   |
| 24<br>&<br>25 | Claim Number                         | 12        | 85-96        | Claim Number as Filed<br>External Format   |
|               | <b>DATA GROUP<br/>FIELDS 24 - 25</b> | <b>12</b> | <b>85-96</b> | <b>IF TRANSACTION REPLY ONE<br/>OF: 013,014,018,021,024,027-<br/>029,035,036,045,048,049,053-<br/>056,066,067,071-084,089-092,099<br/>THEN contains Transaction Effective<br/>Date</b> |
| 24            | Transaction Effective<br>Date        | 8         | 85-92        | FORMAT YYYYMMDD  |
| 25            | FILLER                               | 4         | 93-96        | SPACES   |
|               | <b>DATA GROUP<br/>FIELDS 24 - 25</b> | <b>12</b> | <b>85-96</b> | <b>IF TRANSACTION REPLY = 085<br/>THEN contains Residence SCC</b>  |
| 24            | Residence SCC                        | 5         | 85-89        | FORMAT SSSCC<br>2 digit state code plus 3 digit county<br>code   |
| 25            | FILLER                               | 7         | 90-96        | SPACES   |
| 26            | SSA District Office<br>Number        | 3         | 97-99        | IF TRANSACTION TYPE = 53<br>THEN contains SSA District Office<br>Number  |
| 27            | Demographic Part A<br>Rate           | 8         | 100-107      | FORMAT ZZZZ9.99  |
| 28            | Demographic Part B<br>Rate           | 8         | 108-115      | FORMAT ZZZZ9.99  |
| 29            | Source Code                          | 5         | 116-120      | Contract Number of MCO submitting<br>transaction, or Program Identifier for<br>system-generated transactions   |
| *30           | Old Plan Benefit<br>Package Id       | 3         | 121-123      | IF TRANSACTION TYPE = 71<br>THEN contains Old Plan Benefit<br>Package Id   |
| *31           | FILLER                               | 10        | 124-133      | SPACES   |

Changes to CY2002 Transaction Replies/Monthly Activity Report, Plan-Submitted Transactions Section:

1. SURNAME column now limited to first 7 characters (consistent with Monthly Membership Report).
2. FIRST NAME column:
  - a. Now FIRST INITIAL only (consistent with Monthly Membership Report).
  - b. Column heading shows as "FI".
3. TRAN CODE column heading now shows as "TC".
4. Transaction Reply Code now displays 3 digits. Column heading shows as "RPLY CODE".
5. Added PLAN BENEFIT PACKAGE ID column. Column heading shows as "PPB".
6. Added ELECTION TYPE column. Column heading shows as "ET".

RUN DATE: MM/DD/YYYY  
REPORTING MONTH: MM/YYYY

TRANSACTION REPLIES/MONTHLY ACTIVITY  
PLAN: H9999 XXXXXXXXXXXXXXXXXXXXXXX

REPORT ID: 10  
PAGE: 1

\* \* \* PLAN-SUBMITTED TRANSACTIONS: ACCEPTED \* \* \*

T R A N S A C T I O N R E P L Y

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## 2002 Monthly Membership Data File Records

“\*” before Field # denotes new or changed field from previous version

| #  | Field Name                                   | Len | Pos   | Description                                    |
|----|--|-----|-------|--|
| 1  | Plan Number                                  | 5   | 1-5   | Plan Number                                    |
| 2  | Run Date                                     | 8   | 6-13  | YYYYMMDD                                       |
| 3  | Payment Date                                 | 6   | 14-19 | YYYYMM   |
| 4  | HIC  | 12  | 20-31 | External Format                                |
| 5  | Surname                                      | 7   | 32-38 |  |
| 6  | First Initial                                | 1   | 39-39 |  |
| 7  | Sex  | 1   | 40-40 | M = Male, F = Female                           |
| 8  | Date of Birth                                | 8   | 41-48 | YYYYMMDD                                       |
| 9  | Age Group                                    | 4   | 49-52 | BBEE<br>BB = Beginning Age<br>EE = Ending Age  |
| 10 | State & County Code                          | 5   | 53-57 |  |
| 11 | Out of Area Indicator                        | 1   | 58-58 | Y = Out of Area<br>Always Spaces on Adjustment |
| 12 | Part A Entitlement                           | 1   | 59-59 | Y = Entitled to Part A                         |
| 13 | Part B Entitlement                           | 1   | 60-60 | Y = Entitled to Part B                         |
|    | <i>Demographic Health Status Indicators:</i> |     |       |  |
| 14 | Hospice                                      | 1   | 61-61 | Y = Hospice                                    |

## 2002 Monthly Membership Data File Records

**“\*” before Field # denotes new or changed field from previous version**

| #  | Field Name  | Len | Pos   | Description                     |
|----|---|-----|-------|---------------------------------|
| 15 | ESRD  | 1   | 62-62 | Y = ESRD                        |
| 16 | Working Aged  | 1   | 63-63 | Y = Working Aged                |
| 17 | Institutional   | 1   | 64-64 | Y = Institutional               |
| 18 | NHC   | 1   | 65-65 | Y = Nursing Home Certifiable    |
| 19 | Medicaid  | 1   | 66-66 | Y = Medicaid Status             |
|    | <i>Risk Adjuster Indicators:</i>  |     |       |                                 |
| 20 | FILLER  | 1   | 67-67 | SPACES                          |
| 21 | Medicaid Add-on   | 1   | 68-68 | Y = Entitled to Medicaid Add-on |
| 22 | PIP-DCG Category  | 2   | 69-70 | PIP-DCG Category                |
| 23 | Default Factor Indicator  | 1   | 71-71 | Y = Default Factor Used         |
| 24 | Risk Adjuster Factor A  | 7   | 72-78 | NN.DDDD                         |
| 25 | Risk Adjuster Factor B  | 7   | 79-85 | NN.DDDD                         |
|    | <i>Fields 26 - 30 applicable to both Demographic and Risk Adjuster:</i> |     |       |                                 |
| 26 | Number of Paymt/Adjustmt Months Part A                                  | 2   | 86-87 | 99                              |
| 27 | Number of Paymt/Adjustmt Months Part B                                  | 2   | 88-89 | 99                              |

| 2002 Monthly Membership Data File Records                             |   |     |         |  |
|---|---|-----|---------|--|
| “*” before Field # denotes new or changed field from previous version |   |     |         |  |
| #   | Field Name                                  | Len | Pos     | Description  |
| 28  | Adjustment Reason Code                      | 2   | 90-91   | 99<br>Always Spaces on Payment   |
| 29  | Paymt/Adjustmt Start Date                   | 8   | 92-99   | YYYYMMDD   |
| 30  | Paymt/Adjustmt End Date                     | 8   | 100-107 | YYYYMMDD   |
| 31  | Demographic Paymt/Adjustmt Rate A           | 9   | 108-116 | -\$\$\$\$\$.99   |
| 32  | Demographic Paymt/Adjustmt Rate B           | 9   | 117-125 | -\$\$\$\$\$.99   |
| 33  | Risk Adjuster Paymt/Adjustmt Rate A         | 9   | 126-134 | -\$\$\$\$\$.99   |
| 34  | Risk Adjuster Paymt/Adjustmt Rate B         | 9   | 135-143 | -\$\$\$\$\$.99   |
| 35  | Blended Paymt/Adjustmt Rate A               | 9   | 144-152 | -\$\$\$\$\$.99   |
| 36  | Blended Paymt/Adjustmt Rate B               | 9   | 153-161 | -\$\$\$\$\$.99   |
| 37  | Total Paymt/Adjustmt                        | 9   | 162-170 | -\$\$\$\$\$.99   |
|   | <i>Additional Risk Adjuster Indicators:</i> |     |         |  |
| *38   | 2001 CHF Flag                               | 1   | 171-171 | 2001 Congestive Heart Failure<br>Y = Yes, N, blank = No<br>Always SPACES on Adjustment |
| 39  | Risk Adjuster Age Group (RAAG)              | 4   | 172-175 | BBEE<br>BB = Beginning Age<br>EE = Ending Age  |

## 2002 Monthly Membership Data File Records

**“\*” before Field # denotes new or changed field from previous version**

| #   | Field Name                     | Len | Pos     | Description  |
|-----|--------------------------------|-----|---------|--|
| 40  | Previous Disable Ratio (PRDIB) | 7   | 176-182 | NN.DDDD<br>Percentage of Year (in months)<br>for Previous Disable Add-On               |
| *41 | 2002 CHF Flag                  | 1   | 183-183 | 2002 Congestive Heart Failure<br>Y = Yes, N, blank = No<br>Always SPACES on Adjustment |
| *42 | 2003 CHF Flag                  | 1   | 184-184 | 2003 Congestive Heart Failure<br>Y = Yes, N, blank = No<br>Always SPACES on Adjustment |
| *43 | Plan Benefit Package Id        | 3   | 185-187 | Plan Benefit Package Id<br>FORMAT 999  |
| *44 | Race Code                      | 1   | 188-188 | Format X   |
| *45 | FILLER                         | 12  | 189-200 | SPACES   |

**[PAYMENT FORMAT]**

[ADJUSTMENT FORMAT]

[illegible]

1. CHF Indicators will be reported on Payments only. Line 1 detail will contain the CY2001 Indicator, Line 2 the CY2002 Indicator, and Line 3 the CY2003 Indicator. The positions of these indicators will remain fixed during CY2002 and CY2003 reporting.
2. Plan Benefit Package Id (PBP-ID) will be reported on both Payments and Adjustments. If an adjustment involves a Pre-CY2002 adjustment period, the PBP-ID will be left blank. An adjustment which spans enrollment in multiple PBPs, will be split into multiple periods for reporting under each PBP-ID.